

MISSOURI PUBLIC HEALTH INVOICING AND  
REPORTING SYSTEM

# **MOPHIRS**

(FOR LOCAL PUBLIC HEALTH AGENCIES)

---



# Table of Contents

---

<a href="#"><u>Creating A.S.A.P. User Profile</u></a> .....	5
<a href="#"><u>Request MOPHIRS Access</u></a> .....	7
<a href="#"><u>Remove MOPHIRS Access</u></a> .....	9
<a href="#"><u>Logging in to MOPHIRS</u></a> .....	11
<a href="#"><u>Navigating MOPHIRS</u></a> .....	13
<a href="#"><u>MCH Invoicing</u></a> .....	15
<a href="#"><u>CORE Invoicing</u></a> .....	17
<a href="#"><u>CCHC Service Log</u></a> .....	19
<a href="#"><u>Adding Facilities to Service Log</u></a> .....	23
<a href="#"><u>Modifying Service Log/Invoice</u></a> .....	25
<a href="#"><u>CCHC Invoicing</u></a> .....	27
<a href="#"><u>Submitting an Amended Invoice</u></a> .....	29
<a href="#"><u>MOPHIRS Reports</u></a> .....	31



# STEP A. Creating A.S.A.P User profile

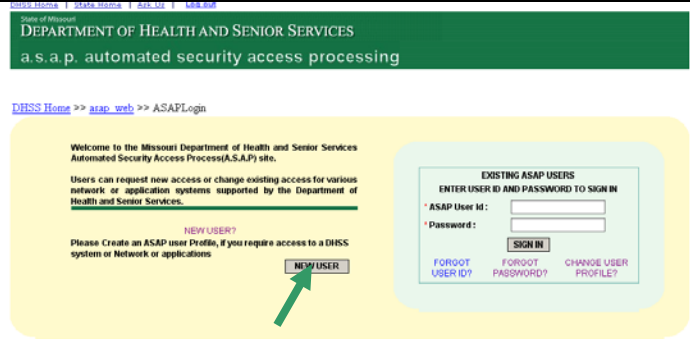
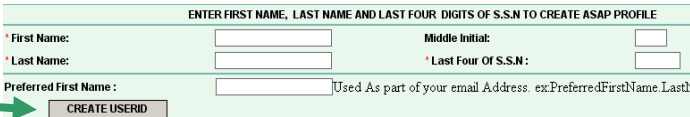
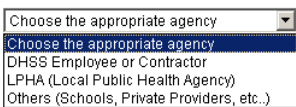
(This step is to be completed only once per user)


## Please read...

- If you have an ASAP profile already and know your login credentials, please skip to Step B (submitting the request)
- If you are unsure you have an ASAP profile, here are a few steps to determine that
  - If you already have an LPHA email account, DHSS health applications and/or DSS prod/mainframe access you mostly likely have an ASAP profile.
  - If you try to create an ASAP profile and you receive a red message indicating that first name and last name is already in use, please contact the ITSD Call Center at 800.347.0887 for assistance. This most likely means you have an ASAP profile and the call center can assist with profile updates, password resets, logging into ASAP, and/or submitting requests.

## Creating A.S.A.P User profile

- Open Internet Browser and enter address  
[http://webapp02.dhss.mo.gov/asap\\_web/ASAPLogin.aspx](http://webapp02.dhss.mo.gov/asap_web/ASAPLogin.aspx)
- Click “Yes” to any security messages

Steps	Screen Print
<p>If you have not used ASAP before or do not have an ASAP profile, click the <b>NEW USER</b> button</p> <p>You will only need to go through the profile creation steps once</p>	
<p>1. Enter your first name, last name, and last four digits of S.S.N. Also enter a Preferred First Name if desired Click the <b>CREATE USERID</b> button.</p>	
<p>2. Make note of the User ID that ASAP assigns to you.</p> <p>3. Choose <b>LPHA (Local Public Health Agency)</b> for Agency</p>	<p><b>Your ASAP User ID has succes: USERJ</b></p> <p>*USERID:</p> <p>*Agency:</p> 

<p>4. Choose your county</p> <p>5. Choose your Local Security Officer (LSO) - Someone in your office should be designated as the LSO for the county health department/center</p>	<p>*Agency: <input type="text" value="LPHA (Local Public Health Agency)"/></p> <p>*Local Security Officer County: <input type="text" value="ATCHISON"/></p> <p>*Local Security Officer: <input type="text" value="ATCHISON CO HEALTH DEPT ()"/></p>
<p>6. Type your work street number, it will provide a drop down list. Click your address</p>	<p style="text-align: center;"><b>ADDRESS INFORMATION</b></p> <p>*Address Search (Type in your address starting with Street Number) <input type="text"/></p>
<p>7. Enter your work email address, phone number, and fax number</p>	<p>*Email1 <input type="text"/></p> <p>*Phone1 <input type="text"/> <input type="text"/> <input type="text"/> Ext <input type="text"/></p> <p>Fax Number <input type="text"/></p>
<p>8. Enter a password</p> <ul style="list-style-type: none"> <li>-Retype your password</li> <li>-Enter a challenge question. This should be a question only you know the answer to</li> <li>-Type the response or answer to the challenge question</li> <li>-Retype the response or answer to the challenge question</li> </ul> <p><b>**If ASAP did not prompt you to create a password, your password was automatically set to first initial of first name, first initial of last name, and last four digits of your social security number.**</b></p>	<p>*Password <input type="text"/> [ Password length between 6-8 ]</p> <p>*Retype Password <input type="text"/></p> <p>*Challenge Question <input type="text"/> ex: What is your favorite color?</p> <p>*Challenge Response <input type="text"/> ex: Blue</p> <p>*Retype Response <input type="text"/></p>
<p>9. Click the CREATE PROFILE button</p>	<p style="text-align: center;"><b>CREATE PROFILE</b></p>
<p>10. You should see a message about the profile being successfully created. Make note of your User ID</p>	<p>PROFILE SUCCESSFULLY CREATED.</p> <p>Your ASAP User ID has successfully been generated. Your User ID is: USERL</p> <p style="text-align: right;"> <a href="#">Request Access</a></p>

----- Please continue to Step B -----

## STEP B. Request MOPHIRS access

- Open Internet Browser and enter address  
[http://webapp02.dhss.mo.gov/asap\\_web/ASAPLogin.aspx](http://webapp02.dhss.mo.gov/asap_web/ASAPLogin.aspx)
- Click "Yes" to any security messages

<ol style="list-style-type: none"> <li>1. Type the <b>User ID</b> and <b>Password</b> you created in Step A.</li> </ol> <p><b>**If ASAP did not prompt you to create a password, your password was automatically set to first initial of first name, first initial of last name, and last four digits of your social security number.**</b></p> <ol style="list-style-type: none"> <li>2. Click the <b>SIGN IN</b> button.</li> </ol>	
<ol style="list-style-type: none"> <li>3. Choose the '<b>Completing for Self</b>' option.</li> <li>4. Click the <b>NEXT</b> button.</li> </ol>	<p><b>Who are you completing this ASAP request f</b></p> <p> <input checked="" type="radio"/> COMPLETING FOR SELF  <input type="radio"/> COMPLETING FOR OTHER EMPLOYEE  <input type="radio"/> APPROVE REQUESTS  <input type="radio"/> VACATIONS         </p> <p><b>NEXT</b></p>
<ol style="list-style-type: none"> <li>5. Choose '<b>HEALTH APPLICATIONS</b>' for Area Type.</li> <li>6. Choose '<b>MOPHIRS</b>' for Health Area Type.</li> <li>7. Choose '<b>ADD ACCESS</b>' for Request Type.</li> <li>8. Choose appropriate role(s) from the Role drop down list.</li> </ol> <p><b>*Hold down the Ctrl key to select multiple role(s). As roles are selected, they will become highlighted. (Use the scroll bars to scroll up and down to view the complete list). There are only two roles available for LPHA users. MOPHIRS Biller which allows a user to generate and submit an invoice, and MOPHIRS Entry which does not have access to generate and submit an invoice. That is the only difference between the two roles.</b></p> <ol style="list-style-type: none"> <li>9. Choose '<b>NONE</b>' from the Other Role/Report Type drop down list.</li> <li>10. <b>Optional:</b> Type in any comments</li> <li>11. Type in the Effective Date</li> </ol>	<p> <b>*Area Type:</b> HEALTH APPLICATIONS  <b>*Health Area Type:</b> MOPHIRS  <b>*Request Type:</b> ADD ACCESS  <b>Use Ctrl+click to choose more than one role</b>          MOPHIRS CLPHS ADMINISTRATOR (MOPHIRS CLF)          MOPHIRS CLPHS USER (MOPHIRS CLPHS USER)          MOPHIRS DATA WAREHOUSE REPORTS (MOPHIRS)          MOPHIRS DEVELOPER (ITSD ONLY - MOPHIRS DE)          MOPHIRS ENTRY (MOPHIRS ENTRY)          MOPHIRS TEAM LEAD (ITSD ONLY - MOPHIRS TE)  <b>*Role:</b>  <b>* Other Role/Report Type:</b> NONE  <b>Comments:</b>  <b>* Effective Date [MM/DD/YYYY]:</b>          Do you enter Data for Additional Agencies? <input type="radio"/> YES <input checked="" type="radio"/> NO       </p>

<p>12. If you do not enter data for additional agencies, leave defaulted to 'NO' and skip down to Step 14.</p> <p>13. To select other agencies, select 'YES' and pick the county and the agency from the the drop down list</p>	<p>Do you enter Data for Additional Agencies? <input checked="" type="radio"/> YES <input type="radio"/> NO</p> <p>To pick additional Agencies ,Choose the respective County</p> <p>*County: ADAIR - 001</p> <p>*Agency: ADAIR COUNTY HEALTH DEPARTMENT</p> <table border="1"> <thead> <tr> <th>ADD</th> <th>ADDRESS</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>1001 S JAMISON</td> <td>KIRKSVILLE</td> <td>MO</td> <td>635010000</td> </tr> </tbody> </table>	ADD	ADDRESS	City	State	Zip	<input checked="" type="checkbox"/>	1001 S JAMISON	KIRKSVILLE	MO	635010000
ADD	ADDRESS	City	State	Zip							
<input checked="" type="checkbox"/>	1001 S JAMISON	KIRKSVILLE	MO	635010000							
<p>14. Click the 'I Agree' button.</p> <p>15. Click the 'Submit Form' button.</p>	<p>I, THE UNDERSIGNED, AN EMPLOYEE OF THE STATE OF MISSOURI OR AUTHORIZED U UNDERSTAND THAT APPROVAL AND ASSIGNMENT OF THE REQUESTED ID OR APPROV ENABLES ME TO ACCESS THE RESOURCES WHICH, BY LAW, MUST BE UTILIZES ONLY ASSIGNED DUTIES. THEREFORE, I AGREE TO MAKE NO INQUIRIES OR UPDATES WHICH PERFORMANCE OF MY OFFICIAL DUTIES. I UNDERSTAND THAT STATE AND FEDERAL CONFIDENTIALITY OF INFORMATION AND PROVIDE PENALTIES FOR UNAUTHORIZED A OF INFORMATION VIOLATIONS OR DISCLOSURES ON MY PART MAY RESULT IN DISCIPL ONE OR ALL OF THE FOLLOWING: (1) SUSPENSION, (2) CIVIL COURT AND (3) DISMISS. CONFIDENTIAL ALL INFORMATION MADE AVAILABLE TO ME IN THE PERFORMANCE OF ADDITION, I AGREE NOT TO DISCLOSE OR SHARE MY PASSWORD WITH ANYONE.</p> <p><input type="button" value="I Agree"/> <input type="button" value="Quit"/></p> <p><input type="button" value="Submit Form"/></p>										
<p>A message should appear stating the request was sucessfully completed.</p> <p>Print a copy of the form for your records.</p>	<p>You have successfully completed your request form.Press the button below to view a printer friendly copy of your request for your records. Please do not send the print copy for Request process.</p> <p><input type="button" value="Printer Friendly Copy"/> <input type="button" value="FILL OUT ANOTHER ACCESS FORM"/></p>										

## Available LPHA User Roles

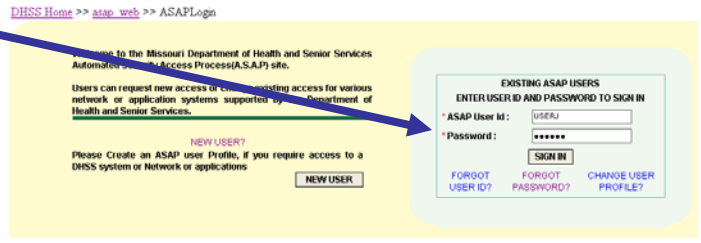
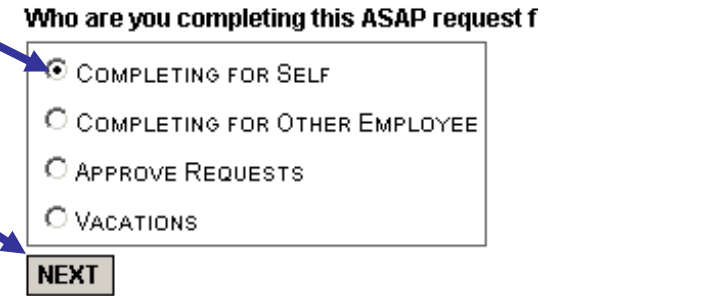
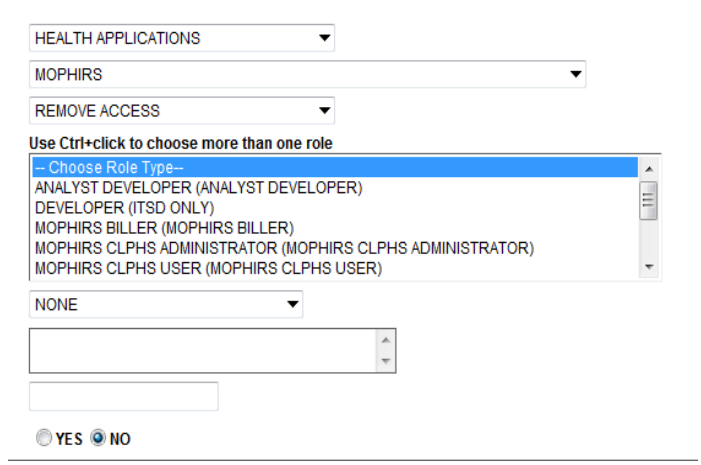
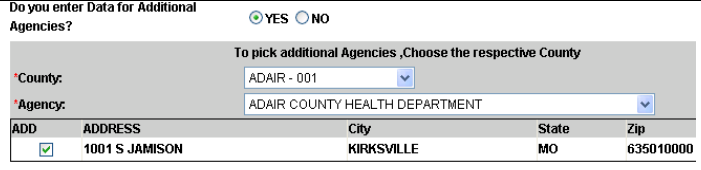
- **MOPHIRS Biller**
  - This role allows access to the CCHC Service Log which includes entry, modify and delete capabilities when applicable
  - View and print capabilities for all LPHA reports
  - Ability to generate, electronically sign and submit invoices for MCH, Core and CCHC
- **MOPHIRS Entry**
  - This role allows access to the CCHC Service Log which includes entry, modify and delete capabilities when applicable
  - View and print capabilities for all LPHA reports

**\*\*Please choose only one user role when requesting access.**



# STEP C. Remove MOPHIRS access

- Open Internet Browser and enter address  
[http://webapp02.dhss.mo.gov/asap\\_web/ASAPLogin.aspx](http://webapp02.dhss.mo.gov/asap_web/ASAPLogin.aspx)
- Click "Yes" to any security messages

<ol style="list-style-type: none"> <li>1. Type the <b>User ID</b> and <b>Password</b> you created in Step A.   <div style="background-color: yellow; padding: 5px;"> <b>**If ASAP did not prompt you to create a password, your password was automatically set to first initial of first name, first initial of last name, and last four digits of your social security number.**</b> </div> </li> <li>2. Click the <b>SIGN IN</b> button.</li> </ol>											
<ol style="list-style-type: none"> <li>3. Choose the '<b>Completing for Self</b>' option.</li> <li>4. Click the <b>NEXT</b> button.</li> </ol>											
<ol style="list-style-type: none"> <li>5. Choose '<b>HEALTH APPLICATIONS</b>' for Area Type.</li> <li>6. Choose '<b>MOPHIRS</b>' for Health Area Type.</li> <li>7. Choose '<b>REMOVE ACCESS</b>' for Request Type.</li> <li>8. Choose appropriate role(s) from the Role drop down list.   <div style="background-color: yellow; padding: 5px;"> <b>*Hold down the Ctrl key to select multiple role(s). As roles are selected, they will become highlighted. (Use the scroll bars to scroll up and down to view the complete list).</b> </div> </li> <li>9. Choose '<b>NONE</b>' from the Other Role/Report Type drop down list.</li> <li>10. <b>Optional:</b> Type in any comments</li> <li>11. Type in the Effective Date</li> </ol>											
<ol style="list-style-type: none"> <li>12. If you do not enter data for additional agencies, leave defaulted to 'NO' and skip down to Step 14.</li> <li>13. To select other agencies, select 'YES' and pick the county and the agency from the drop down list</li> </ol>	 <table border="1"> <thead> <tr> <th>ADD</th> <th>ADDRESS</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>1001 S JAMISON</td> <td>KIRKSVILLE</td> <td>MO</td> <td>635010000</td> </tr> </tbody> </table>	ADD	ADDRESS	City	State	Zip	<input checked="" type="checkbox"/>	1001 S JAMISON	KIRKSVILLE	MO	635010000
ADD	ADDRESS	City	State	Zip							
<input checked="" type="checkbox"/>	1001 S JAMISON	KIRKSVILLE	MO	635010000							

<p>14. Click the <b>'I Agree'</b> button.</p> <p>15. Click the <b>'Submit Form'</b> button.</p>	<p>I, THE UNDERSIGNED, AN EMPLOYEE OF THE STATE OF MISSOURI OR AUTHORIZED U UNDERSTAND THAT APPROVAL AND ASSIGNMENT OF THE REQUESTED ID OR APPROV ENABLES ME TO ACCESS THE RESOURCES WHICH, BY LAW, MUST BE UTILIZES ONLY ASSIGNED DUTIES. THEREFORE, I AGREE TO MAKE NO INQUIRIES OR UPDATES WHICI PERFORMANCE OF MY OFFICIAL DUTIES. I UNDERSTAND THAT STATE AND FEDERAL CONFIDENTIALITY OF INFORMATION AND PROVIDE PENALTIES FOR UNAUTHORIZED A OF INFORMATION. VIOLATIONS OR DISCLOSURES ON MY PART MAY RESULT IN DISCIPL ONE OR ALL OF THE FOLLOWING: (1) SUSPENSION, (2) CIVIL COURT AND (3) DISMISS. CONFIDENTIAL ALL INFORMATION MADE AVAILABLE TO ME IN THE PERFORMANCE OF ADDITION, I AGREE NOT TO DISCLOSE OR SHARE MY PASSWORD WITH ANYONE.</p> <p><b>I Agree</b> <b>Quit</b></p> <p><b>Submit Form</b></p>
<p>A message should appear stating the request was successfully completed.</p> <p>Print a copy of the form for your records.</p>	<p>You have successfully completed your request form. Press the button below to view a printer friendly copy of your request for your records. Please do not send the print copy for Request process.</p> <p><b>Printer Friendly Copy</b> <b>FILL OUT ANOTHER ACCESS FORM</b></p>

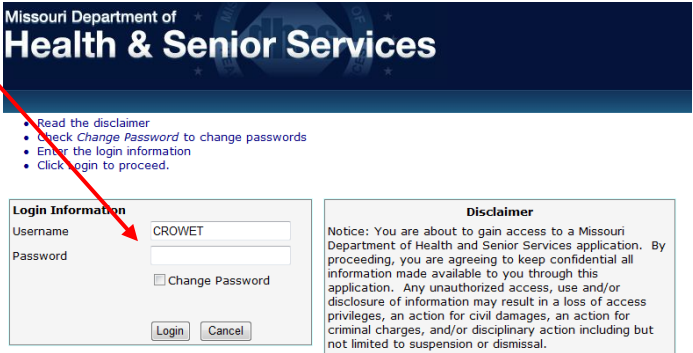
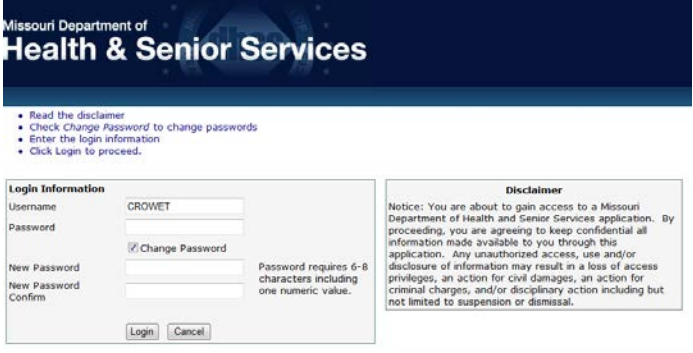
If you experience any problems or have questions while using the ASAP system, please notify the DHSS ITSD Call Center using one of the following methods:

Phone: 573.751.6388 or 1.800.347.0887

E-mail: [Support@health.mo.gov](mailto:Support@health.mo.gov)

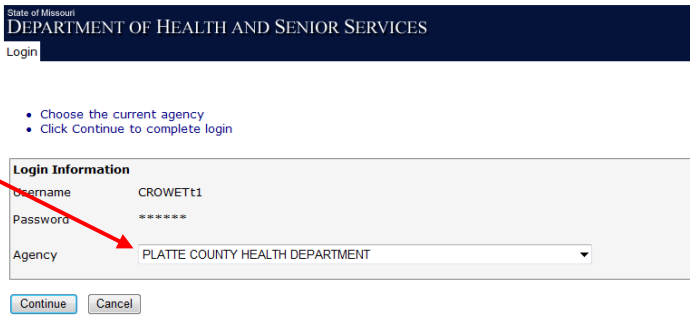

# LOGGING IN TO MOPHIRS

- Open Internet Browser and enter address  
<https://healthapps.dhss.mo.gov/Login/Login.aspx?ReturnUrl=%2fmopHIRS%2fhome.aspx>

<p>1. Type the <b>User ID</b> and <b>Password</b>.</p> <p><b>**If ASAP did not prompt you to create a password, your password was automatically set to first initial of first name, first initial of last name, and last four digits of your social security number.**</b></p> <p>2. Click the <b>LOGIN</b> button.</p>	
<p>3. Change <b>Password</b></p> <p><b>**If your password is set to the default of your first initial of first name, and first initial of last name, and last four digits of your social security number, you can select the box for Change Password to create your own unique MOPHIRS password.**</b></p> <p><b>PLEASE NOTE: AS WITH ALL DHSS APPLICATIONS YOU WILL BE REQUIRED TO CHANGE YOUR PASSWORD EVERY 30 DAYS.</b></p>	



# NAVIGATING MOPHIRS

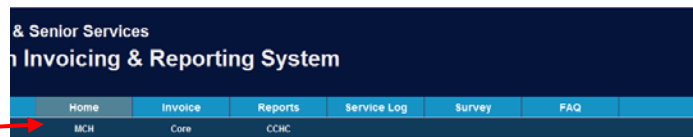
<ol style="list-style-type: none"> <li>1. If you have a neighboring area contract, you will select which agency you are going to log in for on this screen.</li> <li>2. From the drop down, select the agency.</li> </ol> <p><b>*If you do not serve a neighboring area, you will not have this step.</b></p>	
<ol style="list-style-type: none"> <li>3. On the Home screen, place your cursor over the Invoice tab. A sub set of tabs will show what contracts are available. Click on the contract you would like to view             <ol style="list-style-type: none"> <li>a. Invoice tab allows you to pick a contract and invoice for that contract</li> <li>b. Reports tab allows you to run reports for each contract</li> <li>c. Service Log tab is specific to the CCHC contract and is used to log services provided to child care providers so that MOPHIRS can auto-calculate the invoice</li> <li>d. Final Report tab is specific to CCHC contract and is auto-generated by MOPHIRS with the exception of 5 survey questions and is completed annually</li> <li>e. FAQ tab contains this user manual as well as Frequently Asked Questions for MOPHIRS</li> </ol> </li> </ol>	



# MCH Invoicing

If your agency has an MCH contract, you will need to invoice monthly using the following steps.

1. From the tab menu, select Invoice and then MCH



Welcome to Missouri Public Health Invoicing & Reporting System

© 2014 - Missouri Public Health Invoicing & Reporting System (MOPHRS)

2. Select Contract Year from drop down
3. Select Contract number from Contracts drop down
4. Click on Search
5. Clicking on Search will populate the Start/End Date, Contract Number and Contract Amount. Please verify they are correct
6. Billing period drop down will give you the next available billing period to invoice

You Are Here : Invoice > MCH

Agency Name	COUNTY OF COLE-HEALTH DEPT 1616 INDUSTRIAL DR JEFFERSON CITY, MO, 65109	Agency #	3778645
-------------	---	----------	---------

---

Invoice - MCH

Contract	MCH	
* Contract Year	2014	
* Contracts	AOC12380052	
Contract Start Date		Contract End Date
Contract Number		Contract Amount
* Billing period	-Select-	Generate Invoice

7. Generate Invoice will turn blue after billing period has been selected
8. Click on Generate Invoice

You Are Here : Invoice > MCH

Agency Name	COUNTY OF COLE-HEALTH DEPT 1616 INDUSTRIAL DR JEFFERSON CITY, MO, 65109	Agency #	3778645
-------------	---	----------	---------

---

Invoice - MCH

Contract	MCH	
* Contract Year	2014	
* Contracts	AOC12380052	
Contract Start Date	10/1/2013	Contract End Date
Contract Number	AOC12380052	Contract Amount
* Billing period	MAR	Generate Invoice

9. Click "Agree" box. *Clicking agree will insert the electronic signature of the person logged in to MOPHIRS when the box is checked*

10. Then click "Submit" button

11. Your invoice has now been submitted for payment

by Ace Here - Invoice Approval - DM38

MCH Core CCHC

VENDOR NAME  
COUNTY OF COLE-HEALTH DEPT

VENDOR REMIT TO ADDRESS:  
1516 INDUSTRIAL DR, JEFFERSON CITY, MO - 65109

STATE VENDOR NUMBER  
4480004806

CONTRACT NAME / SERVICE  
MATERNAL AND CHILD HEALTH

CONTRACT NUMBER  
AOC12380052

COMMENTS

I CERTIFY THAT THIS REPORT IS TRUE AND THAT ALL PAYMENTS CLAIMED ARE IN ACCORDANCE WITH THE PROVISIONS SET FORTH IN THE CONTRACT

☒ Agree

TITLE: CROVE, TINA (TE

PURCHASE ORDER (SC,SCS DOCUMENT NUMBER) FOR D

PROGRAM/BUREAU APPROVAL SIGNATURE(S) TITLE

COMMENTS

ACCOUNTING DISTRIBUTION

SC, SCS ACCOUNTING LINE NO.	AMOUNT	PLEASE CIRCLE ONE PARTIAL (P) FINAL (F)	FUNDING STREAM
	\$2,483.85	P F	HRSA-14-002

APPROVED PAYMENT AMOUNT \$2,483.85

ACCOUNTS PAYABLE SIGNATURE

COMMENTS

COMMENTS

Submit Print Cancel

\*Invoice can not be submitted until last business day of billing period.



# CORE Invoicing

If your agency has a Core contract, you will need to invoice monthly or quarterly according to your contract using the following steps

1. From the tab menu, select Invoice and then Core



2. Select Contract Year from drop down

3. Select Contract number from Contracts drop down

4. Click on Search

5. Clicking on Search will populate the Start/End Date, Contract Number and Contract Amount. Please verify they are correct

6. Billing period drop down will give you the next available Billing period to invoice

You Are Here: Invoice > MCH

Agency Name	COUNTY OF COLE-HEALTH DEPT 1616 INDUSTRIAL DR JEFFERSON CITY, MO, 65109	Agency #	3778645
-------------	---	----------	---------

---

**Invoice - MCH**

Contract	MCH	
* Contract Year	2014	
* Contracts	AOC12380052	
Contract Start Date		Contract End Date
Contract Number		Contract Amount
* Billing period	--Select--	Generate Invoice

[Search](#)

7. Generate Invoice will turn blue after Billing period has been selected

8. Click on Generate Invoice

You Are Here: Invoice > MCH

Agency Name	COUNTY OF COLE-HEALTH DEPT 1616 INDUSTRIAL DR JEFFERSON CITY, MO, 65109	Agency #	3778645
-------------	---	----------	---------

---

**Invoice - MCH**

Contract	MCH	
* Contract Year	2014	
* Contracts	AOC12380052	
Contract Start Date	10/1/2013	Contract End Date
Contract Number	AOC12380052	Contract Amount
* Billing period	MAR	<a href="#">Generate Invoice</a>

[Search](#)

9. Click "Agree" box. *Clicking agree will insert the electronic signature of the person logged in to MOPHIRS when the box is checked.*

10. Then click "Submit" button.

11. Your invoice has now been submitted for payment.

MCH Core CCMC

Go Back Here Invoice Approval - CH38

---

VENDOR NAME  
COUNTY OF COLE-HEALTH DEPT

VENDOR REMIT TO ADDRESS:  
1516 INDUSTRIAL DR, JEFFERSON CITY, MO - 65109

STATE VENDOR NUMBER  
44800045006

CONTRACT NAME / SERVICE  
MATERIAL AND CHILD HEALTH

CONTRACT NUMBER  
AOC12188052

COMMENTS

I CERTIFY THAT THIS REPORT IS TRUE AND THAT ALL PAYMENTS CLAIMED ARE IN ACCORDANCE WITH THE PROVISIONS SET FORTH IN THE CONTRACT

☒ Agree

TITLE: CROVE, TINA (TE

FOR D:

PURCHASE ORDER (SC,SCS DOCUMENT NUMBER)

PROGRAM/BUREAU APPROVAL SIGNATURE(S)

TITLE

COMMENTS

ACCOUNTING DISTRIBUTION

SC, SCS ACCOUNTING LINE NO.	AMOUNT	PLEASE CIRCLE ONE PARTIAL (P) FINAL (F)	FUNDING STREAM
	\$2,483.85	P F	HRSA-14-002

APPROVED PAYMENT AMOUNT \$2,483.85

ACCOUNTS PAYABLE SIGNATURE

COMMENTS

COMMENT

Submit Print Cancel

\*Invoice can not be submitted until last business day of billing period.

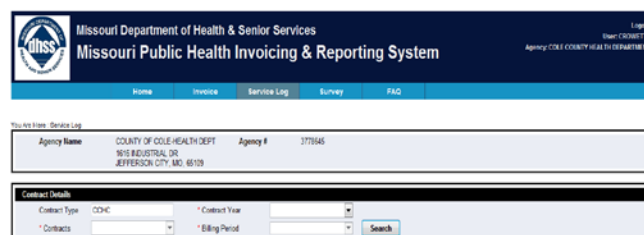
# CCHC Service Log

If your agency has a CCHC contract, you will need to enter services you have provided into MOPHIRS

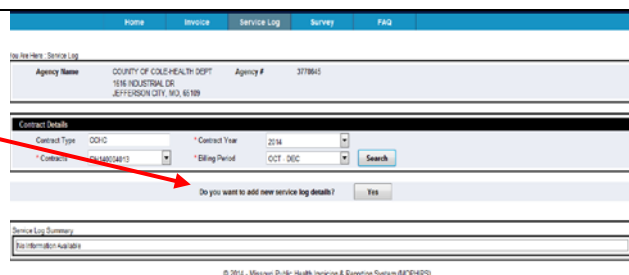
1. From the tab menu, select Service Log



2. Select Contract Year from drop down
3. Select Contract Number from Contracts drop down
4. Select Billing Period from drop down
5. Click on Search



6. You will then be asked "Do you want to add new service log details?"
7. Click Yes



8. On the Service Log Detail screen you will:

- a. Enter Date of Service
- b. Select a facility from the Available Facilities list on the left. Use arrow to move to Selected Facilities box on the right. You can also use the reverse arrow to remove facilities from the Selected Facilities box.

\*The first time you enter a service log detail there will be no available facilities. You will need to add facilities to your list. Once you add a facility it becomes part of your permanent Available Facility list and will not need to be added again. **See Adding Facilities to Service Log section.**

The screenshot shows the 'Service Log Details' form. At the top, a prompt asks 'Do you want to add new service log details?' with a 'Yes' button. Below this, the form is divided into two main sections: 'Available Facilities (0)' and 'Selected Facilities (0)'. The 'Available Facilities' list includes: BIG TOP CHILD DEVELOPMENT CENTER, JEFFERSON CITY DAY CARE CENTER INC, WIGGLE WORMS, PUMPKIN PATCH PRESCHOOL & CHILDREN'S DISCOVERY PLACE, CTRK LUNCH LLC, BRIGHT LIGHTS DAYCARE, and NOVA'S A&N LEARNING CENTER, LLC. A red arrow points from the instruction in the text to the right-pointing arrow between the two facility lists. Below the facility lists are fields for 'Type of Service', 'No. of Units/Hours', 'Health Topic', 'Subcategory', 'No. of Facilities', 'No. of Providers', 'No. of Children', and 'No. of Parents'. There are also text boxes for 'Goal' and 'Outcome'.

- c. Select Type of Service from drop down
- d. Enter number of hours/units
- e. Select Health Topic from drop down
- f. Select Subcategory from drop down
- g. The No. of Facilities field will autopopulate according to the number of facilities you have moved to the Selected Facilities box
- h. Enter number of providers
- i. Enter number of children (if applicable)
- j. Enter number of parents (if applicable)
- k. If the type of service provided is a Specialized or Technical Consultation you will need to enter your Goal and Outcome in the boxes provided.
- l. When done entering Click Save.

This screenshot shows the same 'Service Log Details' form after several fields have been filled. The 'Date of Service' is 10/09/2013. The 'Available Facilities' list is the same as in the first screenshot. The 'Selected Facilities' list now contains 'DISCOVERY PLACE'. The 'Type of Service' is 'HEALTH ISSUE TRAINING', 'No. of Hours' is '1', 'Health Topic' is 'COMMUNICABLE DISEASE', and 'Subcategory' is 'PREVENTION AND CONTROL'. The 'No. of Facilities' field is now '1', 'No. of Providers' is '2', 'No. of Children' is '0', and 'No. of Parents' is '0'. The 'Goal' and 'Outcome' text boxes are empty. At the bottom, there are 'Save' and 'Cancel' buttons.

9. The service log detail you just entered will now show in your Service Log Summary
10. You have the option to modify or delete a service log detail at any time prior to submitting your invoice.

\*If you have already submitted your invoice please go to the section on **Modifying your Service Log/Invoice**

Home Service Reports Service Log Survey FAQ

You Are Here: Service Log

Agency Name Agency #

Contract Details

Service Log Added Successfully

Contract Type C2HC Contract Year 2014

Contracts 09/12/2013 Billing Period OCT - DEC Search

Do you want to add new service log details? Yes

Service Log Summary

Date of Service	Type of Service	Number of Services	Number of Days	Status	Action	Delete
10/01/13	HEALTHY-TOUR TRAILING	COMBINATIONABLE DISEASE	00	1	Modify	Delete

© 2014 - MassPHRS Public Health Invoicing & Reporting System (MOPHRS)



# Adding Facilities to Service Log

To add a facility to your Available Facilities list:

1. Click on Add Facility

Do you want to add new service log details? Yes

Service Log Details

\* Date of Service: 11/12/2013

Available Facilities(10) ☐ Select All

BIG TOP CHILD DEVELOPMENT CENTER  
JEFFERSON CITY DAY CARE CENTER INC  
WOODS CHILDREN'S CENTER  
PUMPKIN PATCH PRESCHOOL & CHILDREN'S CENTER  
DISCOVERY PLACE  
CTMULRICH, LLC  
BRIGHT LIGHTS DAYCARE  
NOAH'S ARK LEARNING CENTER, LLC

\* Type of Service:   
\* No. of Hours:   
\* Health Topic:   
\* Subcategory:   
Date:

Selected Facilities (0) ☐ Select All

No. of Facilities:   
\* No. of Providers:   
No. of Children:   
No. of Parents:

Add Facility

2. Facility Search options are by Facility Name or DVN.
  - a. If you are searching by facility name you will need to use the partial search feature using %. An example would be %CARE% which would return all facilities with CARE in the name
  - b. If you are searching by DVN, please note that a DVN is not complete unless it contains 9 digits. An example would be 009271456. The zeros must be included in the search.
  - c. You can also search MOPHIRS by checking the box next to Lookup Facility in MOPHIRS to search facilities you might have already entered.

Missouri Department of Health & Senior Services  
Missouri Public Health Invoicing & Reporting System

Home Invoice Reports Service Log Survey FAQ

You are here: Home > Facility Information

Facility Search

☐ Lookup Facility in MOPHIRS

Facility Name:  Use % for partial searching. Ex: %CARE% returns all facilities with CARE in the name.

OR

DVN:

Search Cancel

Add Regulated Facility To List Add Non Regulated Facility To List Previous Page

© 2014 - Missouri Public Health Invoicing & Reporting System (MOPHIRS)

3. Search results will appear in the Facility Information section.
4. You can select the appropriate facility using Facility Name, DVN, and Address.

Please note: The status does not reflect if a facility is open or closed for business. The facility information in MOPHIRS is being pulled from MOHSAIC and the status is connected with current or previous license renewals. Please select your facility based on Facility Name, DVN, address, and if returning multiple identical records then choose the active one if available. You can select a closed record if it matches your facility.

You are here: Home > Facility Information

Facility Search

☐ Lookup Facility in MOPHIRS

Facility Name: %CARE% Use % for partial searching. Ex: %CARE% returns all facilities with CARE in the name.

OR

DVN:

Search Cancel

Facility Information

Status	Facility Name	DVN	Address
CLOSED	BAY GENAUXES CHILD CARE CENTER	00190300	1510 CANNONVILLE DR., JEFFERSON CITY, MO - 65101
CLOSED	BILDERBY CHILDREN'S CENTER INC	00140141	2404 LAMINGTON ST., JEFFERSON CITY, MO - 65108-0720
CLOSED	BRIGHT LIGHTS DAY CARE LLC	00200070	7530 ROUTE W., JEFFERSON CITY, MO - 65101
ACTIVE	BRIGHT LIGHTS DAYCARE	00205424	7530 ROUTE W., JEFFERSON CITY, MO - 65101
ACTIVE	BLOCH-DEETZ DAYCARE	00000070	8108 DEER HAVEN RD., JEFFERSON CITY, MO - 65110-0707
CLOSED	CHAMLOFT CHILD CARE CENTER	00101044	1901 SOUTHWEST BLVD., JEFFERSON CITY, MO - 65103-2534
CLOSED	CHAMLOFT CHILD CARE CENTER	00101044	1901 SOUTHWEST BLVD., JEFFERSON CITY, MO - 65103-2534
ACTIVE	CAPITAL CITY CHRISTIAN CHURCH DAY CARE CENTER	00004030	1512 SWIFTS HWY., JEFFERSON CITY, MO - 65109-2502

1234567

Add Regulated Facility To List Add Non Regulated Facility To List Previous Page

5. Once you have selected a facility by clicking on the appropriate box, you will need to select the appropriate Facility Type from the drop down. You may also need to enter the Capacity if it does not automatically populate.
6. Click Save
7. Click Add Regulated Facility to List or Add Non Regulated Facility to List
8. Click Previous Page to go back to Service Log Detail page

Facility ID	Facility Name	Facility Type	Facility Address
1	BRIGHT LIGHTS DAYCARE	GROUP HOME	7638 ROUTE W, JEFFERSON CITY, MO - 65111
2	BUSCHGARTEN TEST DAYCARE	GROUP HOME	8101 OLIVER PARKWAY, JEFFERSON CITY, MO - 65111
3	CHRYSLER CHILD CARE CENTER	GROUP HOME	1101 SOUTH STREET BLVD, JEFFERSON CITY, MO - 65119
4	CHRYSLER CHILD CARE CENTER	GROUP HOME	1101 SOUTH STREET BLVD, JEFFERSON CITY, MO - 65119
5	CAPITAL CITY CHRISTIAN CHURCH DAY CARE CENTER	GROUP HOME	1512 DUMFRIES HWY, JEFFERSON CITY, MO - 65119

1, 2, 3, 4, 5

Facility Information

\* Facility Name: BRIGHT LIGHTS DAYCARE  
 \* Facility Type: GROUP HOME  
 DNI: 65111  
 \* Capacity: 25  
 Street Address: 7638 ROUTE W  
 City: JEFFERSON CITY  
 State: MO  
 Zip Code: 65111  
 Phone: 651-781-4127  
 Contact Person: CATHY KUY PERNEY



# Modifying Service Log/Invoice

When you are entering service log details into your service log, you may modify or delete them at any time

1. Click on modify or delete in your Service Log Summary

The screenshot shows the 'Service Log Summary' table with columns: Log ID, Agency Name, Contract Year, Contract Type, Contract Number, Billing Period, and Status. The 'Modify' and 'Delete' buttons in the 'Status' column are circled in red.

If you have generated your invoice but have not submitted it you can still modify or delete

2. Modify and delete by using your Service Log Summary.
3. Once corrections or deletions have been made you will need to go back to CCHC Invoice and click on Modify DH-38. This will update your DH-38 with the corrections or deletions you have made to the Service Log
4. You are now ready to submit your invoice

The screenshot shows the 'Service Log Summary' table with columns: Log ID, Agency Name, Contract Year, Contract Type, Contract Number, Billing Period, and Status. The 'Modify' and 'Delete' buttons in the 'Status' column are circled in red.

The screenshot shows the 'Invoice CCHC' page with fields for Contract, Contract Year, Contract Type, Contract Number, Billing Period, Contract Start Date, Contract End Date, Contract Amount, and Generate Invoice. The 'Modify' and 'Delete' buttons in the 'Invoice Summary' table are circled in red.

If you have submitted your invoice your Service Log is now locked and changes cannot be made

You can still modify your Service Log if your Invoice Status is Submit by calling the Center for Local Public Health Services and requesting that your invoice be rejected

The screenshot shows the 'Invoice CCHC' page with fields for Contract, Contract Year, Contract Type, Contract Number, Billing Period, Contract Start Date, Contract End Date, Contract Amount, and Generate Invoice. The 'Modify' and 'Delete' buttons in the 'Invoice Summary' table are circled in red.

Once your Invoice Status changes to Reject, your Service Log is now unlocked and can be modified.

If you are finished modifying your Service Log, you will generate and submit your invoice following the normal steps.

The screenshot shows the 'Invoice - CDC' interface. At the top, there are tabs: Home, Invoice, Reports, Service Log, Survey, and FAQ. The 'Invoice' tab is selected. Below the tabs, there are fields for Agency Name and Agency ID. The main section is titled 'Invoice - CDC' and contains various filters and search options. At the bottom, there is an 'Invoice Summary' table. The table has columns: Inv, Invoice Number, Billing Period, Invoice Status, Service Log, and PDF. The first row of the table shows an invoice with the status 'REJECT', which is circled in red.

Inv	Invoice Number	Billing Period	Invoice Status	Service Log	PDF
00110794	0000000000	007-000	REJECT	Build	Build

If your Invoice Status is Approved, corrections to Service Log and Invoice can only be made by submitting an Amended Invoice. **See How to Submit an Amended Invoice**

The screenshot shows the 'Invoice - CDC' interface. At the top, there are tabs: Home, Invoice, Reports, Service Log, Survey, and FAQ. The 'Invoice' tab is selected. Below the tabs, there are fields for Agency Name and Agency ID. The main section is titled 'Invoice - CDC' and contains various filters and search options. At the bottom, there is an 'Invoice Summary' table. The table has columns: Inv, Invoice Number, Billing Period, Invoice Status, Service Log, and PDF. The first row of the table shows an invoice with the status 'APPROVED', which is circled in red.

Inv	Invoice Number	Billing Period	Invoice Status	Service Log	PDF
00110794	0000000000	007-000	APPROVED	View	View / Download

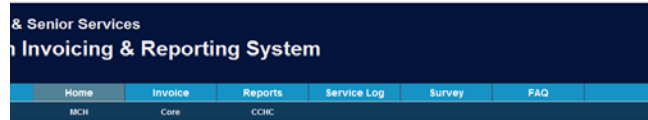
# CCHC Invoicing

**Please Note:** For CCHC invoicing, you must enter service log details into the Service Log before you can invoice

**If you do not have any services to enter** you will need to follow the instructions for entering a No Service detail in order to invoice. **An invoice is required for each quarter of the contract whether services were provided or not**

If your agency has a CCHC contract you will need to invoice quarterly according to your contract using the following steps

1. From the tab menu, select Invoice and then CCHC



Welcome to Missouri Public Health Invoicing & Reporting System

© 2014 - Missouri Public Health Invoicing & Reporting System (MOPHRS)

2. Select Contract Year from drop down
3. Select Contract Number from Contracts drop down
4. *Click on Search*
5. Clicking on Search will populate the Start/End Date, Contract Number and Contract Amount. Please verify they are correct
6. Billing period drop down will give you the next available billing period to invoice

You Are Here: Invoice > MCH

Agency Name	COUNTY OF COLE HEALTH DEPT 1616 INDUSTRIAL DR JEFFERSON CITY, MO, 65109	Agency #	3778646
-------------	---	----------	---------

Invoice - MCH			
Contract	MCH		
* Contract Year	2014		
* Contracts	AJC12380052		
Contract Start Date		Contract End Date	
Contract Number		Contract Amount	
* Billing period	-Select-	Generate Invoice	

7. Generate Invoice will turn blue after billing period has been selected

8. Click on Generate Invoice

Home Invoice  
MCH Core

You Are Here : Invoice > MCH

Agency Name	COUNTY OF COLE-HEALTH DEPT 1616 INDUSTRIAL DR. JEFFERSON CITY, MO, 65109	Agency #	3778645
-------------	--	----------	---------

**Invoice - MCH**

Contract	MCH
* Contract Year	2014
* Contracts	AOC12380052
Contract Start Date	10/1/2013
Contract Number	AOC12380052
* Billing period	MAR

Search

Contract End Date  
Contract Amount  
[Generate Invoice](#)

9. Click "Agree" box. *Clicking agree will insert the electronic signature of the person logged in to MOPHRS when the box is checked.*

10. Then click "Submit" button.

11. Your invoice has now been submitted for payment.

MCH Core CCHC

You Are Here : Invoice Approval > CH38

VENDOR NAME  
COUNTY OF COLE-HEALTH DEPT

VENDOR REMIT TO ADDRESS:  
1616 INDUSTRIAL DR, JEFFERSON CITY, MO - 65109

STATE VENDOR NUMBER  
44600048005

CONTRACT NAME / SERVICE  
MATERNAL AND CHILD HEALTH

CONTRACT NUMBER  
AOC12380052

COMMENTS

I CERTIFY THAT THIS REPORT IS TRUE AND THAT ALL PAYMENTS CLAIMED ARE IN ACCORDANCE WITH THE PROVISIONS SET FORTH IN THE CONTRACT

☒ Agree

TITLE: CROWE, TINA (TE)

PURCHASE ORDER (SC SCS DOCUMENT NUMBER)

FOR D

PROGRAM/BUREAU APPROVAL SIGNATURE(S)

TITLE

COMMENTS

ACCOUNTING DISTRIBUTION

SC, SCS ACCOUNTING LINE NO.	AMOUNT	PLEASE CIRCLE ONE PARTIAL (P) FINAL (F)	FUNDING STREAM
	\$2,483.85	P F	HRSA-14-002

APPROVED PAYMENT AMOUNT \$2,483.85

ACCOUNTS PAYABLE SIGNATURE

COMMENTS

COMMENT

Submit Print Cancel

\*Invoice can not be submitted until last business day of billing period.

# Submit an Amended Invoice

If your invoice has been submitted and approved in MOPHIRS you will only be able to make corrections with an Amended Invoice. Your original invoice will remain in MOPHIRS and you will submit an additional invoice with the amendment process to correct any errors.

1. Go to the Service Log tab
2. If you need to correct an entry on your service log because the number of hours or units is incorrect you must do this by adding a new entry and adding or subtracting to make the correction.

You Are Here: Service Log

Agency Name Agency #

Contract Details

\* Service Log Added Successfully

\* Contract Type: CCHC \* Contract Year: 2014

\* Contract Number: D1140084210 \* Billing Period: OCT - DEC

Search

Do you want to add new service log details? Yes

Service Log Summary

Date of Service	Type of Service	Health Topic Name	Health Topic Code	# of Units	# of Hours	Action	Action	Invoice ID
10/02/2014	HEALTH ISSUE TRAINING	COMMUNICABLE DISEASE	CDD	1	1	Modify	Delete	

© 2014 - Missouri Public Health Invoicing & Reporting System (MOPHIRS)

For example:

If your original entry was 4 hours and it should have been 7 hours, you will add a new entry for 3 hours. Make sure that all of your facility, topic and provider information is the same.

If your original entry was 4 hours and it should have been 1 hour, you will add a new entry for -3 hours. Make sure that all of your facility, topic and provider information is the same.

**\*\*In order to submit an amended invoice it is important to remember that you are not modifying your service log at this point...you are adding or subtracting from your service log.**

1. Go to the invoice tab and select CCHC.
2. Select Contract Year
3. Select Contract Number
4. Click Search
5. Select invoice in Approved Status that needs to be corrected by clicking on Amendment
6. Once you have clicked on Amendment you will generate your amended invoice.
7. Click Agree to sign and click submit.

You Are Here: Invoice

Agency Name: COUNTY OF COLE HEALTH DEPT Agency #: 37764

1616 INDUSTRIAL DR  
WARREN, MO 64090

Invoice: CCHC

Contract: CCHC

\* Contract Year: 2014

\* Contract Number: D1140084210

Search

Contract Start Date: 10/1/2014 Contract End Date: 9/30/2014

Contract Number: D1140084210 Contract Amount: \$1,100.00

\* Billing Period: Select Generate Invoice

Invoice Summary


Date	Invoice Number	Billing Period	Invoice Status	Service Log	Action
10/1/2014	CCHC/D1140084210	OCT-DEC	APPROVED	Yes	New Invoice

© 2014 - Missouri Public Health Invoicing & Reporting System (MOPHIRS)

**IF YOU HAVE ANY QUESTIONS ON THIS PROCESS, PLEASE CALL THE CENTER AT 573-751-6170**



# MOPHIRS Reports

<ol style="list-style-type: none"> <li>1. Click on Report tab.</li> <li>2. Select report from drop down box.</li> <li>3. Complete required filters</li> <li>4. Click View Report</li> </ol> <p><b>Available Reports are listed below:</b></p>	
<p><b>MCH Expenditure</b></p>	<p>Provides monthly expenditures for participating LPHAs. Provides expenditures YTD and contract remaining.</p> <p>Can be exported to Microsoft Word and Excel.</p>
<p><b>CORE Expenditure</b></p>	<p>Provides monthly/quarterly expenditures for participating LPHAs. Provides expenditures YTD and contract remaining.</p> <p>Can be exported to Microsoft Word and Excel.</p>
<p><b>CCHC Expenditure</b></p>	<p>Provides monthly/quarterly expenditures for participating LPHAs. Provides expenditures YTD and contract remaining.</p> <p>Can be exported to Microsoft Word and Excel.</p>
<p><b>CCHC Child Care Facility Report</b></p>	<p>Report of child care facilities added to LPHA facility list in Service Log. DVN facilities from this list are reported on the 2<sup>nd</sup> page of the Final Report.</p>

<b>Service Log by Health Topic/Service Type</b>	Report of data collection by Health Topic and Service Type from CCHC Service Log.
<b>Service Log by Service Type</b>	Report of data collection by Service Type from CCHC Service Log.
<b>CCHC In-Kind Tracking</b>	Report to track In-Kind based on over billing of funding streams by LPHA, service type and health topic. Tracks what is invoiced but not paid, due to lack of remaining contract funding.